

STATE OF NEW MEXICO OCCUPATIONAL HEALTH & SAFETY BUREAU COMPLAINT FORM

Employee	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Ex Employee <input type="radio"/> Other		
Confidential Complaint	<input type="radio"/> Yes <input type="radio"/> No		
Employer Information			
Establishment Name			
Establishment Address			
Site Address			
Phone #		Fax number if known:	
E-Mail Address			
Management Official			
How Many Employees in the Establishment?		How Many employees exposed?	
Union Shop	<input type="radio"/> Yes <input type="radio"/> No		
Local Union Name		Local #	
Union Rep Name		Phone #	
Employee Information			
Name			
Address			
Phone #		Signature & Date	
Job Title or Job Description:			
How long with Employer?			
Nature of Complaint (attach additional sheets if necessary)			
Type of Business		Primary SIC	
Employer Notified?	<input type="radio"/> Yes <input type="radio"/> No	Near Misses?	<input type="radio"/> Yes <input type="radio"/> No
Is personal Protective Equipment Available?	<input type="radio"/> Yes <input type="radio"/> No		